



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050  
Fax: 800-500-3060 • Local Fax: 772-567-4609

RX Products  
You Know and Trust

## FLORIDA PRESCRIPTION PAD ORDER FORM

SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

PLEASE **PRINT CLEARLY** AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

For multiple locations/providers, please attach a second sheet with enlarged script sample or written out instructions.

1 DEA# \_\_\_\_\_ (only if you want preprinted on scripts)

2 LIC# \_\_\_\_\_ 3 NPI# \_\_\_\_\_  
(Only if you want preprinted on scripts) (Only if you want preprinted on scripts)

4 Name 1 \_\_\_\_\_

5 Name 2 \_\_\_\_\_

6 Address \_\_\_\_\_ 7 Suite \_\_\_\_\_

8 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9 Tel (\_\_\_\_\_) \_\_\_\_\_ 10 Fax (\_\_\_\_\_) \_\_\_\_\_  
(Only if you want preprinted on scripts)

☐ Shipping address different than Script address, please list on separate sheet.

\*\*\* Please **CHECK(✓)** IN INK the amount you want to order \*\*\*

### SINGLE SHEET SCRIPT PADS

Single Scripts = 100 sheets per pad

Qty	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 24	<input type="checkbox"/> 32	<input type="checkbox"/> 40	<input type="checkbox"/> 48	<input type="checkbox"/> 96
	\$98.00	\$136.00	\$288.00	\$320.00	\$330.00	\$360.00	\$480.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Sales Tax	10.36	13.02	23.66	25.90	26.60	28.70	37.10
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85
<b>Total</b>	<b>\$177.61</b>	<b>\$219.52</b>	<b>\$383.61</b>	<b>\$420.55</b>	<b>\$433.05</b>	<b>\$467.20</b>	<b>\$612.95</b>

\*\*If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

☐ DISC ☐ AMEX EXPIRY DATE \_\_\_\_\_  
☐ VISA ☐ M/C NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

\* Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.

Address \_\_\_\_\_ Zip \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If mailing a CHECK for payment, please make check payable to: **Minuteman Press**

Visit us at [RxMinutemanPress.com](http://RxMinutemanPress.com)

REV. 12-2025